

AIUM Practice Guideline for Documentation of an Ultrasound Examination



The American Institute of Ultrasound in Medicine (AIUM) is a multidisciplinary association dedicated to advancing the safe and effective use of ultrasound in medicine through professional and public education, research, development of guidelines, and accreditation. To promote this mission, the AIUM is pleased to publish this updated *AIUM Practice Guideline for Documentation of an Ultrasound Examination*. We are indebted to the many volunteers who contributed their time, knowledge, and energy to bringing this document to completion.

The AIUM represents the entire range of clinical and basic science interests in medical diagnostic ultrasound, and, with hundreds of volunteers, the AIUM has promoted the safe and effective use of ultrasound in clinical medicine for more than 50 years. This document and others like it will continue to advance this mission.

Practice guidelines of the AIUM are intended to provide the medical ultrasound community with guidelines for the performance and recording of high-quality ultrasound examinations. The guidelines reflect what the AIUM considers the minimum criteria for a complete examination in each area but are not intended to establish a legal standard of care. AIUM-accredited practices are expected to generally follow the guidelines with recognition that deviations from these guidelines will be needed in some cases, depending on patient needs and available equipment. Practices are encouraged to go beyond the guidelines to provide additional service and information as needed by their referring physicians and patients.



**14750 Sweitzer Ln, Suite 100
Laurel, MD 20707-5906
301-498-4100**

I. Introduction

Adequate documentation by all members of the diagnostic ultrasound health care team is essential for high-quality patient care. There should be a permanent record of the ultrasound examination and its interpretation. Images of all relevant areas, both normal and abnormal, should be recorded in a retrievable format. Retention of the ultrasound images and report should be consistent both with clinical needs and with relevant legal and local health care facility requirements. The reader is urged to refer also to the individual guidelines for each ultrasound examination since they may contain additional documentation requirements.

II. Documentation Included for the Ultrasound Examination

Official documentation for the ultrasound images should include but is not limited to the following:

- Patient's name and other identifying information.
- Facility identifying information.
- Date of ultrasound examination.
- Image orientation when appropriate.

If a worksheet is utilized and retained, documentation should include:

- Patient's name and other identifying information.
- Date of ultrasound examination.
- Relevant clinical information and/or ICD 9 code.
- Specific ultrasound examination requested.
- Name of patient's health care provider and contact information as appropriate.

III. Final Report Provided by the Interpreting Physician

A final report of the ultrasound findings is included in the patient's medical record. The official final report should include but is not limited to the following:

- Patient's name and other identifying information.
- Name of patient's health care provider.
- Location of ultrasound facility and contact information.
- Relevant clinical information, including indication for the examination and/or ICD 9 code.
- Date of ultrasound examination.
- Specific ultrasound examination performed.
- If endocavitary techniques are used, the method should be specified.
- The report should include comment on the components of the examination as outlined in the relevant practice guideline(s).
- Appropriate anatomic and sonographic terminology should be used; variations from normal size should be accompanied by measurements when appropriate (eg, organomegaly, masses); and limitations of the examination should be noted.
- Pertinent, commonly utilized anatomic measurements should be listed (eg, fetal biometry).
- Comparison with prior relevant imaging studies if available; recommendations, including appropriate follow-up studies; an impression or conclusion; and a specific diagnosis or differential diagnosis should all be included.

- The final report should be generated, signed, and dated by the interpreting physician in accordance with state and federal requirements. (Electronic signature, transmission, and storage of the report is acceptable if patient privacy is ensured and legal requirements are met.) Verified final reports must be available within 24 hours of completion of the exam or, for nonemergency cases, by the next business day; exceptions to this time frame must be clarified.
- Reports should be completed and transmitted to the patient's health care provider in a timely fashion and in accordance with state and federal requirements.

IV. Nonroutine Results Reporting

In certain instances, the results of the ultrasound study may need to be directly conveyed to the patient's referring health care provider prior to the final report. Documentation of this communication in the final report, including date, time, and to whom the findings were reported, is necessary. Any variation from the preliminary report should be communicated with the patient's physician and highlighted in the final report.

If results of the ultrasound exam are considered by the interpreting physician to be important and unexpected, or require urgent intervention to ensure appropriate patient care, communication should occur directly between the interpreting physician and the patient's health care provider. Communication by phone or in person is preferred to allow verification of receipt and discussion and should occur in a timely manner in accordance with the patient's clinical state and the ultrasound findings, typically immediately following the exam. The final report should include all of the elements noted in section III, as well as the date, time, and method that the report was conveyed to the patient's health care provider.

Acknowledgments

This guideline was created and revised by the American Institute of Ultrasound in Medicine (AIUM).

AIUM Subcommittee Members

David Paushter, MD, *Chair*
 Richard Jaffe, MD
 Alfred Kurtz, MD
 Lami Yeo, MD

AIUM Clinical Standards Committee

David Paushter, MD, *Chair*
 Teresita Angtuaco, MD, *Vice Chair*
 Susan Ackerman, MD
 Jude Crino, MD
 Marie De Lange, BS, RDMS, RDCS, RT
 Lennard Greenbaum, MD
 Kimberly Gregory, MD, MPH
 Barbara Hertzberg, MD
 Stephen Hoffenberg, MD
 Charles Hyde, MD
 Richard Jaffe, MD
 Alfred Kurtz, MD
 Joan Mastrobattista, MD
 Jon Meilstrup, MD
 William Middleton, MD
 Thomas Nelson, PhD
 Cindy Rapp, BS, RDMS, RDCS
 Michelle Robbin, MD
 Henrietta Kotlus Rosenberg, MD
 Joseph Wax, MD
 Lami Yeo, MD